



CALIFORNIA AIR RESOURCES BOARD *** 2006 CONSUMER & COMMERCIAL PRODUCTS SURVEY
STATIONARY SOURCE DIVISION, AIR QUALITY MEASURES BRANCH

FORM 1 – Responsible Party Information

<http://www.arb.ca.gov/consprod/regact/2006surv/2006surv.htm>

Check (✓) if
Confidential ☐

1. Company Name: _____ Division Name(s): _____ Mailing Address: _____ City: _____ State: _____ Zip: _____ Webpage: _____		2. Parent Company Name (if applicable): _____ Mailing Address: _____ City: _____ State: _____ Zip: _____ Webpage: _____			
3. Contact Person/Title: _____ Phone: _____ (List person ARB can contact with questions about this survey.) Fax/Email: _____					
4. North American Industry Classification System (NAICS) (see Attachment B)		5. Number of products: (enter total number of products and/or product groups submitted)			
6. Type of Business check (✓) all that apply	7. Gross Annual Receipts For Calendar Year 2006 check (✓) one	8. Employees For Calendar Year 2006		9. Contract Employees For Calendar Year 2006	
		Worldwide check (✓) one	California Only check (✓) one	Worldwide check (✓) one	California Only check (✓) one
<input type="checkbox"/> Manufacturer/Marketer <input type="checkbox"/> Distributor <input type="checkbox"/> Retailer <input type="checkbox"/> Contract Packager <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Less than \$250,000 <input type="checkbox"/> Between \$250,000 and \$1 million <input type="checkbox"/> Between \$1 million and \$10 million <input type="checkbox"/> Between \$10 million and \$50 million <input type="checkbox"/> Between \$50 million and \$100 million <input type="checkbox"/> Between \$100 million and \$1 billion <input type="checkbox"/> More than \$1 billion	<input type="checkbox"/> None <input type="checkbox"/> 1 to 10 <input type="checkbox"/> 11 to 100 <input type="checkbox"/> 101 to 250 <input type="checkbox"/> 251 to 500 <input type="checkbox"/> 501 to 750 <input type="checkbox"/> More than 750	<input type="checkbox"/> None <input type="checkbox"/> 1 to 10 <input type="checkbox"/> 11 to 100 <input type="checkbox"/> 101 to 250 <input type="checkbox"/> 251 to 500 <input type="checkbox"/> 501 to 750 <input type="checkbox"/> More than 750	<input type="checkbox"/> None <input type="checkbox"/> 1 to 10 <input type="checkbox"/> 11 to 100 <input type="checkbox"/> 101 to 250 <input type="checkbox"/> 251 to 500 <input type="checkbox"/> 501 to 750 <input type="checkbox"/> More than 750	<input type="checkbox"/> None <input type="checkbox"/> 1 to 10 <input type="checkbox"/> 11 to 100 <input type="checkbox"/> 101 to 250 <input type="checkbox"/> 251 to 500 <input type="checkbox"/> 501 to 750 <input type="checkbox"/> More than 750
10. Comments: _____ _____					

11. Certification: I certify that the information on this form and attached forms is true, accurate, and complete.	
Name: _____	Title: _____
Signature: _____	Date: _____

Instructions: FORM 1 – Responsible Party Information

The information requested on FORM 1 will assist the California Air Resources Board in characterizing the businesses included in the survey as required by California State Law. Only one completed FORM 1 must be submitted for each responsible party. Do not submit a separate FORM 1 for each product.

NOTE: When the term "company" is used, "company, firm, or establishment" is implied.

Confidential Information (in the upper right corner of all forms):

Check the box if information is confidential. This information will be handled as described on the Confidential Information Form.

Check (✓) if
Confidential ☐

1. **Company Name:** Enter the name of the company that is the responsible party for the product(s) being submitted with this FORM 1.

responsible party means the company, firm, or establishment listed on the label of a consumer or commercial product reportable under this survey (see 2006 Survey Category List & Codes) that was sold or supplied for use in California during Calendar Year 2006. If the label lists two companies, firms, or establishments, the responsible party is the party that the product was "manufactured for" or "distributed by," as noted on the label.

Division Name(s): If the respondent represents a division of the company, please enter name of division.

Mailing Address: Enter complete mailing address for company listed above.

Webpage: Enter URL (web address) for company listed above.

2. **Parent Company Name:** If company is not independently owned, enter name of parent company.

Mailing Address: Enter complete mailing address for parent company listed above.

Webpage: Enter URL (web address) for parent company listed above.

3. **Contact Person:** Enter name, title, telephone number, fax number, and email address for person to be contacted by ARB staff if clarifications are needed for the information submitted.

4. **NAICS (North American Industry Classification System):** Enter the 2002/2007 NAICS code(s) that apply to the responsible party for the products covered by this survey. Attachment B provides a list of common 2002/2007 NAICS codes related to consumer and commercial products. For a complete list of NAICS codes and more information about NAICS codes, visit: <http://www.census.gov/epcd/www/naics.html>

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5. **Number of products:** Enter the total number of products and/or product groups reported by your company. The Product Tracking numbers are used to identify and track the products or product groups and to associate related forms. Because Product Tracking numbers are entered sequentially, as described on page 49, the final number should indicate the total number of reported products or product groups.

Product Tracking #:

6. **Type of Business:** Check (✓) each box that describes the type of business conducted by the responsible party.
7. **Gross Annual Receipts:** Check (✓) the box that identifies the gross annual receipts generated by the responsible party worldwide for Calendar Year 2006. This means the total income of the company before expenses are deducted.
8. **Employees:** Check (✓) the box that indicates the total number of employees (including part-time and temporary staff, not including contract employees listed in question 9) for the responsible party "Worldwide" (including California), and also for "California Only."
9. **Contract Employees:** Check (✓) the box that indicates the total number of contract employees for the responsible party "Worldwide" (including California), and also for "California Only."
10. **Comments:** As needed, provide comments to clarify any piece of information you have listed on this form.
11. **Certification:** Provide name, title, signature, and date of signature of an authorized representative (management level) for the responsible party listed in item 1, certifying that all information submitted in this survey is true, accurate, and complete.